

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010209

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 73

Primary Registration District No. 3014

Registrar's No. 31

FILED MAR 19 1962

1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Liberty

Length of stay in lb

2 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Colonial Hotel

d. STREET ADDRESS

Colonial Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

mo.

b. COUNTY

Clay

Inside Limits

Yes ☒ No ☐

c. CITY OR TOWN

Liberty

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JOHN

DAVID

ARNOLD

4. DATE OF DEATH

March

12-1962

5. SEX

m

6. COLOR OR RACE

w

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

June 19-1885

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hotel Clerk

10b. KIND OF BUSINESS OR INDUSTRY

Hotel

11. BIRTHPLACE (City and state or country)

Paris mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John W. Arnold

13b. MOTHER'S MAIDEN NAME

Ella McKame

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

John W. Arnold

Address

Jefferson City mo

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Circulatory failure

INTERVAL BETWEEN ONSET AND DEATH

Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Myocardial infarction

Sudden

DUE TO (c)

Hypertensive Cardiovascular Disease

15 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

nephrosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ 12:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

R.P. Bowler, M.D.

22b. ADDRESS

Liberty Missouri

22c. DATE SIGNED

2/12/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

3-12-62

23c. NAME OF CEMETERY OR CREMATORY

Walnut Grove

23d. LOCATION (City, town, or county)

Paris mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Church-Archer Co. Liberty mo

25. DATE RECD. BY LOCAL REG.

3-14-62

26. REGISTRAR'S SIGNATURE

Mabel Graham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

6003

6003

3

4 0

5 2

6

7 0

8 0

9 420.1

10

11

12 90-0

13 3-0

MAR 21 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John S. Searcy

Licensed Embalmer No. 4448

P. O. Address Delmar, DE

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.